Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL032131	B. WING		01/1	5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ATRIA S	OUTHPOINT WALK		ETTEVILLE I	ROAD		
	OLIMAN DV OTA	·	NC 27713	PROVIDENCE DI AMI OF CORDECT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	conducted by Greg	a Biennial Construction Survey Cates on January 15, 2016.				
	Facility was first lice licensure on or abo (20) Beds. Based o facility is required to Desired Standards	on gathered from our files, the ensed or submitted for ut August 14, 2009 for Twenty in the above information, the o meet the 2005 Minimum and and the 2009 North Carolina e Section 407, Type I-2.				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND				
	maintain the buildin storing oxygen cont them from falling ov could affect all pers	et as evidenced by: rations, the facility has failed to g free of hazards by not rainers securely to prevent ver or rolling around. This ons in the facility as the could fall over, damaging the				
	Findings include	e:				
	oxygen located Resident Room	unsupported bottle of in the Living Area of 6116. (Note: This corrected while the n-site)				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	l` ´cc		DATE SURVEY COMPLETED	
			D 14/11/0				
		HAL032131	B. WING		01/15/2016		
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
ATRIA S	OUTHPOINT WALK		ETTEVILLE I NC 27713	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 166	Continued From page 1		C 166				
	maintain the buildin securing hand rails affect persons who the hand rails to ste the corridor.	vations, the facility has failed to ng free of hazards by not tightly to the wall. This could may need the assistance of ead themselves while walking					
	Findings includ	e:					
		il outside Resident Room cured to the brackets.					
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		C 189				
	ensure that the buil the fire resistance of deficiency directly a and visitors by allow	et as evidenced by: vations, the facility has failed to ding is safe by not maintaining of building components. This affect all residents, personnel, wing the possible spread of compartment of origin.					
	Findings includ	e:					
		orridor smoke door magnets upon detection of smoke.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
		HAL032131	B. WING		01/1	5/2016		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ATRIA S	ATRIA SOUTHPOINT WALK 5705 FAYETTEVILLE ROAD DURHAM, NC 27713							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ge 2	C 189					
		vations, the facility has failed to sistance of ceilings as safe ition.						
	Findings includ	e:						
	pipe has dropp and a large gap b- In the Chartii Mechanical Ro escutcheons ha	enance Office, the sprinkler ed below the ceiling level of around the pipe is exposed. In the sprinkler head even dropped below the large gap around the						
	maintain the plumb deficiency may affe	vations, the facility has failed to ing safe and operating. This ct those persons using the ng slippery or unstable						
	Findings includ	e:						
		de in the Women's ose at the connection to						

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